

Attorney Docket No.: 040146-000100US Client Reference No.: MV/mf. E 1063

## DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: UNWINDING SYSTEM FOR HANDLING REELS OF TISSUE the specification of which was filed on July 24, 2003 as Application No. 10/627,401.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
Spain	ES 2002 01747	7/25/2002	

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date	

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status

Full Name of	Last Name:	First Name:	Middle Name or I	Middle Name or Initial:	
Inventor 1:	MARTINEZ	MANUEL	Torres	Torres	
Residence &	City:	State/Foreign Country:	Country of Citizer	Country of Citizenship:	
Citizenship:	31007 Pamplona	Spain	Spain		
Post Office	Post Office Address:	City:	State/Country:	Postal Code:	
Address:	c/Sancho el Fuerte, 21	31007 Pamplona	Spain		

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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Signature of Inventor 1

Manuel Torres Martinez
Date May 31, 2004

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POWER OF ATTORNEY OR

**AUTHORIZATION OF AGENT** 

★ Total of one form is submitted.

PTO/SB/81 (02-01) Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Manuel Torres Martinez

UNWINDING SYSTEM FOR

HANDLING REELS OF TISSUE

10/627,401

July 24, 2003

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number

First Named Inventor

Filing Date

Title

## **Group Art Unit** 3654 Not Yet Known **Examiner Name** 040146-000100US Attorney Docket Number I hereby appoint: Place Customer Practitioners at Customer Number 20350 Number Bar Code Label here ☐ Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: ☐ The above-mentioned Customer Number. Practitioners at Customer Number Firm or Individual Name Address Address State ZIP Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Manuel Torres Martinez Signature May 31, 2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231, 60213223 v1